

Planning & Development 4303 Lawrenceville Road Loganville, GA 30052 770-466-2633 planning@loganville-ga.gov

Roof Permit Application

			Date Permit #					
This application	shall be made in	accordance with ap	pplicable requireme	nts of Loganville Codes	for a permit.			
Job Location:				City: Loganville	State: Georg	Zip Code:		
Project/Subdivision:				Unit:	Lot:	County:		
Commercial Property Owner:			Commercial	Property Owner Addres	s:	Zip Code		
Roofing Materials:			APPLICAN	APPLICANT Rtqr gtv('Qy pgt Eqpvtcevqt''' Contractor's Agent				
Property Owner:								
Address:								
City:	Sta	te:	Zip Code:					
Phone Number:		E	Email Address:					
Map & Parcel:	Zoning:	Property Setbacks	Left:	Right:	Front:	Rear:		
ROOF CONTR	ACTOR *Att	ach Copy of Busin	ess License	;	÷	÷		
Company Name				Name				
Street Address				City, State, Zip	Code			
Phone		Email Address		-				
the earlier, for property. expenses inceptath to perthereby or a under the latter the permit a	The applicant sloidental to the de rsons or property rising out of or in ws of the United and shall assume:	amage of any kind hall exonerate, inde fense of any such c caused by or susta h any way connecte States or of Georgi	resulting from this emnify and save har claims, litigation and ined in connection and with work perfor	work, whether for basic symless the City from and d actions based upon or a with the performance of med under the permit or n any way connected with	ning of the first work, which services or additional service against all claims or actions urising out of damage or injuthis permit or by conditions for any and all class actions that the acquisition of constru	es to persons s and all ary (including s created s for damages		
supervision above stater	of any of them. I ments and inform performed shall b	hereby certify that ation supplied by n	I have examined a ne are true and corr hether herein or not	or, or any one directly or nd understand all inform ect. All provisions of law i. Failure to comply or fa	indirectly employed under the state of the s	ions, suffered the I that the plicable to the nds for		
supervision above stater work to be p	of any of them. I ments and inform performed shall b	hereby certify that ation supplied by n e complied with w	I have examined a ne are true and corr hether herein or not	or, or any one directly or and understand all information. ect. All provisions of law in Failure to comply or factors. s Signature	indirectly employed under that ion on this application and state and ordinances applies statements shall be grounded.	ions, suffered the I that the plicable to the nds for		
supervision above stater work to be p	of any of them. I ments and inform performed shall b of permit.	hereby certify that ation supplied by n e complied with w	I have examined a ne are true and corr hether herein or not Applicant' OFFICE USE O	or, or any one directly or nd understand all informect. All provisions of law and a real provisions of law are to comply or factors as Signature	indirectly employed under that ion on this application and state and ordinances applies statements shall be grounded.	ions, suffered the I that the plicable to the nds for		